



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
STATE FIRE MARSHAL'S OFFICE
CODES ENFORCEMENT SECTION
Davy Crockett Tower, Third Floor
500 James Robertson Parkway
Nashville, Tennessee 37243-1162
Phone (615) 741-7190
FAX: 741-1583**

**TENNESSEE MODULAR BUILDING UNIT
MONTHLY PRODUCTION REPORTS (FORM "A") INSTRUCTIONS**

All Tennessee Modular Building Unit Manufacturers **MUST** complete and submit to this office a Monthly Production Report (Form "A"). The Monthly Production Report (Form "A") is due to this office no later than the tenth (10th) of each month. The Monthly Production Report (Form "A") will include all modular building unit(s) and/or component(s) labeled for The State of Tennessee during the subject month.

The Monthly Production Report (Form "A") is required whether or not modular building units and/or components are produced for The State of Tennessee.

Instructions:

1. Enter the date of the Form "A" which is being adjusted.
2. Enter the Construction Inspection Agency.
3. Enter the Manufacturer's facility name and the complete site address of the manufacturing facility.
4. Print the name, and provide the signature, of the Manufacturer's Authorized Representative.

5. Enter the Tennessee Modular Building Unit Certification Label number.
6. Enter the Manufacturer's Serial Number of the modular building unit and/or component.
7. Enter the TENNESSEE MODULAR MODEL PLAN NUMBER of the modular building unit and/or component as SUBMITTED TO THIS OFFICE FOR FILING.
8. Enter the Licensed Tennessee Modular Building Unit Dealer's name.
9. Enter the Licensed Tennessee Modular Building Unit Dealer's License Number.
10. Enter the Consumer's name or information.
11. Enter the Tennessee Modular Building Unit destination, street address, city, and state.
12. Follow the instructions located at the bottom of the form for copy distribution.

All items on the form **MUST** be completed prior to mailing application. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing and may require additional information.

If you have any questions regarding this procedure, feel free to call this office at (615) 741-7190 or E-mail at mike.bartlett@state.us.tn.

STATE OF TENNESSEE
FORM "A"
MONTHLY PRODUCTION REPORT FOR
TENNESSEE MODULAR BUILDING UNITS OR COMPONENTS

Month/Year: _____, 20_____

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Construction Inspection Agency for this Manufacturing Facility: _____

Manufacturer's Facility Name: _____

Manufacturing Facility Address: _____
 (Address) (City) (State) (Zip Code)

Authorized Representative's Signature: _____

NOTE: LIST ONLY "COMPLETED" AND/OR "OPEN" MODULAR UNITS FOR THE MONTH/YEAR LISTED ABOVE.

No.	Label Number (Include all zeros)	Manufacturer's ID or Serial Number	Plan Number (As shown on Plan)	Tennessee Licensed Modular Dealer	Dealer's License Number	Consumer Info.	Modular Unit Destination, Street Address	Modular Unit Destination, City and State
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								

Attention Manufacturer:

1. Please type or print legibly in blue or black ink.
2. ALL columns must be complete.
3. Copy Distribution: (a) Original, Department, (b) Copy, Construction Inspection Agency, (c) Copy, Manufacturer's File

"FORM "A" MUST BE SUBMITTED ON A MONTHLY BASIS WHETHER OR NOT MODULAR BUILDING UNITS OR COMPONENTS ARE PRODUCED"